

City of Vernonia Employment Application

Date of Review: ____/____/____
How were you referred to us:

Position Applied for: _____

Full Name: _____
(Last) (First) (Middle)

Address: _____
(City) (State) (Zip)

Phone: (_) _____ Cell/Pager/Other: _____

Email: _____ Do you wish this application to be kept confidential ☐ Yes ☐ No

Date Available to Start: _____ Salary Requirement: _____

If you are under 18 and we require a work permit, can you furnish one: ☐ Yes ☐ No

If no, please explain: _____

Have you every worked for this company: ☐ Yes ☐ No _____ If yes, when? _____

Are you a citizen of the United States? ☐ Yes ☐ No _____

If not, are you legally allowed to work in the United States? ☐ Yes ☐ No _____

Type of employment desired: ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal _____

Have you ever pled "guilty," "no contest," or been convicted of a crime? ☐ Yes ☐ No _____

If Yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License Number if applicable to position: _____ State: _____

EDUCATION:

High School: _____ Address: _____

From: _____ To: _____ Did you graduate: ☐ Yes ☐ No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate: ☐ Yes ☐ No Degree: _____

Other: _____ To: _____ Did you graduate: ☐ Yes ☐ No Degree: _____

Special Skills or Qualifications: _____

Previous employment (begin with most recent position):

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone:() _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference: ☐Yes ☐No

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone:() _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference: ☐Yes ☐No

Date of Employment: From ___/___/___ To ___/___/___ Position(s) Held _____

Firm: _____ Address: _____

Phone:() _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference: ☐Yes ☐No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

THE CITY OF VERNONIA IS AN EQUAL OPPORTUNITY EMPLOYER